

June 26, 2015

**VIA ECFS**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12th Street, S.W.  
Washington, D.C. 20554

RE: **WC Docket No. 14-58 – ETC Annual Reports and Certifications**  
Annual Report pursuant to 47 C.F.R. §§54.313 and 54.422

Dear Ms. Dortch:

Connexions Telcom, by its authorized representative, hereby files its FCC Form 481 - Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§54.313 and 54.422.

The FCC Form 481 has been completed, certified, and submitted to the Universal Service Administrative Company.

A copy of the FCC Form 481 is also being submitted to the state regulatory commission pursuant to §§54.313(i) and 54.422(c).

Please contact me if you have any questions.

Sincerely,



Dorothy Young  
Authorized Representative for  
Connexions Telcom

DY/pjf

Attachment

cc: Mr. Scott Thompson, Connexions Telcom

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	449009
<015> Study Area Name	FEC COMMUNICATIONS LLP
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Gena von Reyn
<035> Contact Telephone Number: Number of the person identified in data line <030>	9038783172 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	gena.vonreyn@gopeoples.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">449009TX510.pdf</div>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">449009tx610.pdf</div>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	449009
<015>	Study Area Name	FEC COMMUNICATIONS LLP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<114> Report how much universal service (USF) support was received	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>

<010>	Study Area Code	449009
<015>	Study Area Name	FEC COMMUNICATIONS LLP
<020>	Program Year	2016
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

[illegible]

<010>	Study Area Code	449009
<015>	Study Area Name	FEC COMMUNICATIONS LLP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	449009
<015>	Study Area Name	FBC COMMUNICATIONS LLP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

[illegible]

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	449009
<015>	Study Area Name	FEC COMMUNICATIONS LLP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext .
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

<910>	Tribal Land(s) on which ETC Serves	
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<920>	Tribal Government Engagement Obligation	
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Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	449009
<015>	Study Area Name	FEC COMMUNICATIONS LLP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<b>(1200) Terms and Condition for Lifeline Customers</b>	FCC Form 481
<b>Lifeline</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
<b>Data Collection Form</b>	July 2013

<010>	Study Area Code	449009
<015>	Study Area Name	FEC COMMUNICATIONS LLP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

449009txl210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	449009
<015> Study Area Name	PEC COMMUNICATIONS LLP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Gena von Keyn
<035> Contact Telephone Number - Number of person identified in data line <030>	3038763172 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	gena.vonkeyn@gopeoples.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i} <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii} <2011b> Attachment {47 CFR § 54.313(b)(1)iii}	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
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**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification <2018> 5th year Broadband Service Certification <2019> Interim Progress Certification <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
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<2021> Interim Progress Community Anchor Institutions	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Name of Attached Document(s) Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b> Study Area Code	449009
<b>&lt;015&gt;</b> Study Area Name	FEC COMMUNICATIONS LLP
<b>&lt;020&gt;</b> Program Year	2016
<b>&lt;030&gt;</b> Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<b>&lt;035&gt;</b> Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<b>&lt;039&gt;</b> Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**  
 Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} ☒ (Yes/No)  
 (3014) If yes, does your company file the RUS annual report ☒ (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? ☒ (Yes/No)  
 If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐  
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐  
 (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐  
 (3023) Underlying information subjected to a review by an independent certified public accountant ☐  
 (3024) Underlying information subjected to an officer certification. ☐  
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation (Continued)****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	449009
<015> Study Area Name	FEC COMMUNICATIONS LLP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035> Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

**Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends


Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	449009
<015>	Study Area Name	FEC COMMUNICATIONS LLP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	449009
<015> Study Area Name	FEC COMMUNICATIONS LLP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035> Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Dorothy Young</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Dorothy Young</u>
Name of Reporting Carrier:	<u>FEC COMMUNICATIONS LLP</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/25/2015</u>
Printed name of Authorized Officer:	<u>Scott Thompson</u>
Title or position of Authorized Officer:	<u>CFO</u>
Telephone number of Authorized Officer:	<u>9038783149 ext.</u>
Study Area Code of Reporting Carrier:	<u>449009</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>FEC COMMUNICATIONS LLP</u>
Name of Authorized Agent or Employee of Agent:	<u>Dorothy Young</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/25/2015</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Dorothy Young</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Authorized Representative</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>5126527726 ext.</u>
Study Area Code of Reporting Carrier:	<u>449009</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



## Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	449009
<015>	Study Area Name	FEC COMMUNICATIONS LLP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Gena von Reyn
<035>	Contact Telephone Number - Number of person identified in data line <030>	9038783172 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gena.vonreyn@gopeoples.net
<810>	Reporting Carrier	FEC Communications dba ConNEXTions Telcom
<811>	Holding Company	Peoples Holding, Inc.
<812>	Operating Company	ConNEXTions Telcom

[illegible]

## **LINE 510 - SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE**

ConNEXTions Telcom (FEC Communications) (the Company) complies with applicable service quality standards and consumer protection rules as required by the state regulatory commission and the Federal Communications Commission.

The rates, terms, and conditions under which the Company operates are outlined in its Local Exchange Tariff, which is approved by the state commission. The Company's tariff contains provisions regarding its customer service and protection practices, including resolving disputes with the Company, applying for service, the classification of business and residential rates, deposits, billing and payment for service, refusal, disconnection and cancellation of service. The tariff is available for customer review in the Business Office, as requested. Rates and terms of service are disclosed to customers upon application for service both verbally and in writing as part of a packet of information for new customers. Rates and certain terms of service are also available on the Company's website.

Service quality standards are established by the state commission and the Company consistently meets or exceeds the standards and provides reports to the state commission, in accordance with the state commission's rules.

The Company complies with any and all consumer protection obligations under state law.

The Company also complies with the following consumer best practices: (1) the Company discloses its rates and terms of service to customers; (2) the Company provides specific disclosures in its advertising; (3) the Company separately identifies carrier charges from taxes on its billing statements; (4) the Company provides ready access to customer service; (5) the Company promptly responds to consumer inquiries and complaints received from government agencies; and (6) the Company abides by policies for protection of consumer privacy.

The protection of customers' privacy and information is of utmost importance and the Company has a policy and established operating procedures that comply with the FCC's Customer Proprietary Network Information Rules (47 C.F.R. §§64.2001-64.2011). Certification and a description of those operating procedures are filed at the FCC annually.

## **LINE 610 - ABILITY TO FUNCTION IN EMERGENCY SITUATIONS**

ConNEXTions Telcom (the Company) is able to function in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality without an external power source. Standby power generators are supplied at the central office, remote switch sites, and repeater sites to ensure functionality without an external power source until power is restored. The network is capable of managing traffic spikes resulting from emergency situations.

The Company is able to reroute traffic around damaged facilities. Although the Company's ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances, there is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

## **LINE 1210 – TERMS & CONDITIONS OF VOICE TELEPHONY LIFELINE PLANS**

ConNEXTions Telcom (the Company) offers qualified Lifeline subscribers a discount of \$15.67 (federal discount of \$9.25 + a state Lifeline discount of \$3.50 + an additional state reduction of \$2.92) to a stand-alone residential local exchange service line rate.

In all exchanges served by the Company, the Lifeline rate for single-line residential voice service, including any mandatory extended area service charge and the federal subscriber line charge, is \$0.00 (\$15.30 less the \$15.67 discount is a negative amount).

The local exchange access line rate includes an unlimited amount of local calling minutes. Additional charges for toll calls associated with the stand-alone residential access line are billed at the rates of the long distance carrier chosen by the subscriber.

Pages from the Company's Telecommunications Services Tariff are attached and include service rates and the terms and conditions of Lifeline service.

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program**

The Lifeline Program is a retail local service offering designed to make telephone service available at reduced rates to qualifying low-income customers.

1. General

- a. A qualifying low-income customer subscribing to the Lifeline Program shall receive federal and state reductions to their monthly tariffed residential local exchange access line rate and federal subscriber line charge.
- b. Nothing in this section shall prohibit a customer who is otherwise eligible for the Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.
- c. The Lifeline Program rate reductions do not apply to long distance service, 976 and other information related telecommunications services, custom calling features, or other ancillary services, which may or may not be tariffed. Customers may obtain these services, where available, at their discretion.
- d. The Lifeline Program rate reductions do not apply to service connection charges.

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(T)

**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**1. General (Continued)**

- e. The Company may not disconnect the local service of a Lifeline Program customer for the non-payment of toll charges unless the Company has received a waiver from the Commission allowing disconnection of service for this reason. However, the Company reserves the right to implement toll blocking, at no charge, if the customer incurs a significant balance of unpaid toll bills. The Company will inform the customer, by direct mail, of this change to their service due to the customer's non-payment of toll charges. Upon the customer's payment of all outstanding toll charges, the Company shall remove the block without additional cost to the customer. (T)
- f. Upon subscribing to the Lifeline Program, a customer will be offered a subscription, at no charge, to total toll blocking service or to a limit on the amount of toll calling (in exchanges where technically available). Access to toll-free numbers will not be blocked. The customer is under no obligation to accept the subscription to toll blocking upon initial subscription to the Lifeline Program. (T)
- g. The Company will provide customers who apply for or receive Lifeline service access to available vertical services or custom calling features, including Caller ID, Call Waiting, and Call Blocking, at the same price as its other customers pay, provided that the Company has the capability to provide such services to its customers. (T)
- h. The Lifeline Program rate reductions will not be available on a retroactive basis unless approved by the Public Utility Commission of Texas or the Low-Income Discount Administrator (LIDA). (T)

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**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**2. Designated Lifeline Program Services**

- a. The Company shall offer voice telephony services that provide the following functionalities as designated, Lifeline Program services:

- 1) Voice grade access to the public switched network or its functional equivalent
- 2) Minutes of use for local service provided at no additional charge to the customer
- 3) Access to emergency services
- 4) Toll blocking service

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**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**3. Eligibility Requirement**

**a. Qualifying Low-income (Eligible) Customer Criteria**

The Lifeline Program rate reductions will be provided per eligible customer. An eligible customer shall be defined as an individual whose annual income is at or below 150% of the federal poverty guidelines or in whose household resides a person who receives or has a child who receives assistance from:

- |    |   |     |
|----|---|-----|
| 1) | Medicaid  |     |
| 2) | Food Stamps (Supplemental Nutrition Assistance Program) | (T) |
| 3) | Supplemental Security Income (SSI)                      |     |
| 4) | Federal Public Housing Assistance (FPHA)                |     |
| 5) | Low-Income Home Energy Assistance Program (LIHEAP)      |     |
| 6) | State Child Health Plan (CHIP)                          |     |
| 7) | National School Lunch Program's Free Lunch Program      | (N) |
| 8) | Temporary Assistance for Needy Families                 | (N) |

The Lifeline Program rate reductions will be provided per eligible customer. The Low-Income Discount Administrator (LIDA) will provide a list of eligible customers to the Company each month.

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**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**3. Eligibility Requirement (Continued)**

**b. Obligations of the Customer**

- 1) Customers whose annual household income is at or below 150% of the federal poverty guidelines or who participate in FPHA or LIHEAP programs may self-enroll for Lifeline Program benefits by completing an application form and returning it to LIDA. LIDA will send a blank application upon customer request. LIDA can be reached at 1-866-4LITEUP.
- 2) Current customers receiving benefits under Medicaid, Food Stamps, SSI, or CHIP programs will be subject to the Lifeline Program automatic enrollment procedures as provided by the LIDA unless they provide a written request to the LIDA to be excluded from the Lifeline Program.
- 3) A customer who is eligible for the Lifeline Program, but does not have telephone service, shall be responsible for initiating a request for the Lifeline Program from the Company.

**c. Obligations of the Company**

- 1) LIDA will provide a list of eligible customers to the Company on a monthly basis. Upon receipt of the list, the Company shall begin reduced billing for those customers within 30 days.

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**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**3. Eligibility Requirement (Continued)**

**d. Discontinuance of Service**

- 1) Discontinuance of Life Discounts for customers automatically enrolled: The eligibility period for automatically enrolled customers is the length of their enrollment in TDHS benefits plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to renew their TDHS benefits or self-enrollment with LIDA upon the expiration of their automatic enrollment.
- 2) Discontinuance of Lifeline Discounts for customers who have self-enrolled: Individuals not receiving benefits through TDHS programs, but who have met Lifeline income qualifications, are eligible to receive the Lifeline Discount for seven months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven (7) months.

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**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

4. Deposit and Credit Requirements

- a. The Company will not charge a service deposit in order to initiate the Lifeline Program if the eligible customer voluntarily elects to receive toll blocking (toll restriction).
- b. The Company may charge a service deposit if the eligible customer denies subscription to toll blocking upon subscribing to the Lifeline Program.
- c. In instances where the Company may require a service deposit, the same credit verification procedures and deposit regulations used for all applicants who apply for service with the Company are also applicable to eligible customers for the Lifeline Program.

5. Service Connection Charges

- a. Service connection charges do not apply to eligible customers with existing, qualifying service converting to the Lifeline Program.
- b. Service connection charges do apply when:
  - 1) Existing eligible customers request additional non-qualifying services at the time Lifeline Program reduced billing is initiated.
  - 2) New customers (those without existing local exchange access service) eligible for the Lifeline Program establish qualifying service.
  - 3) There are subsequent moves or changes after initial connection to the Lifeline Program.

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**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

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**6. Lifeline Program Rate Reduction**

**a. Implementation**

The Company will provide reduced billing for all Lifeline Program eligible customers within its service area in accordance with the Commission's Substantive Rules.

In instances where the customer inquires about participation in the Lifeline Program, the Company will provide contact information for LIDA.

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**LOCAL EXCHANGE SERVICE**

**II. APPLICATION OF RATES (Continued)**

**B. Lifeline Program (Continued)**

**6. Lifeline Program Rate Reduction (Continued)**

**b. Amounts**

The Company shall apply Lifeline Program rate reductions, per eligible customer, as described below

**Monthly  
Rate Reduction**

1)	Federal Reduction <sup>1</sup>	\$9.25	(C)
3)	Maximum State Reduction to Residential Local Exchange Access Line Rate	\$3.50	
4)	Additional State Reduction to Residential Local Exchange Access Line Rate*	\$2.92	(C)

<sup>1</sup>See 47 C.F.R. Section 54.403

\*TUSF Settlement Docket No. 40521

(M)

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**LOCAL EXCHANGE SERVICE**

**IV. LOCAL EXCHANGE SERVICE RATES AND CHARGES**

**A. Monthly Local Exchange Access Line Rates – Residence <sup>(1)</sup>**

**Monthly Rate**

Local Exchange Access Line Service  
Single line service

Forney	\$ 8.80
Rockwall	\$ 8.80
Royse City	\$ 8.80

Additional residential Local Exchange  
Access line, each

Forney	\$ 8.30
Rockwall	\$ 8.30
Royse City	\$ 8.30

<sup>(1)</sup> Rates for Access Line Service do not include a charge for an instrument or other customer premises equipment.

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**LOCAL EXCHANGE SERVICE**

**IV. LOCAL EXCHANGE SERVICE RATES AND CHARGES (Continued)**

**C. Optional Extended Area Service (EAS) Calling Plans (Continued)**

3. The following rates apply in addition to the basic local exchange access line rate, shown for each class of customer. Exchanges whose subscribers are eligible for this Optional EAS Plan are listed in EAS Exchange Calling Areas.

**D. Monthly Extended Metro Service Rates – Residence <sup>(1)</sup>**

	<u><b>Monthly Rate</b></u>
Extended Metro Service Single line service	\$19.95
Extended Metro Service Each additional residential line	\$17.95

**E. Monthly Extended Metro Service Rates – Business <sup>(1)</sup>**

	<u><b>Monthly Rate</b></u>
Extended Metro Service Single line service	\$46.60
PBX Trunk	\$17.95
Multi-Line Hunting	\$55.10
Hotel/Motel Measured Trunk	\$46.60

- (1) This is a 2-way service. Subscribers may call, or be called by, subscribers in the exchanges in the plan on an unlimited basis for a flat monthly fee without toll charges. The following exchanges are included in the calling plan: all zones of the Dallas Metropolitan Exchange, Carrollton, Garland, Irving, Lewisville, Dallas-Ft. Worth Airport, Plano, Rowlett, Wylie, metro subscribers in the, Forney, Grapevine, Greenville, Keller, Terrell, and Royse City exchanges, and the Arlington, Atlas, Euless Glendale Kennedale, Mansfield, North Richland Hills, and Roanoke zones of the Ft. Worth Metropolitan Exchange.

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